

This overview of the comprehensive eight-step Source Book highlights the information you could have at your fingertips – absolutely FREE – by becoming a participant in The Accommodation Program®.

Step 1

The Accommodation Program

Familiarizes you with The Accommodation Program and what it means to your business, your revenue, and your customers.

Step 2

How to Arrange Your Seating and Table Settings

Helps you develop appropriate non-smoking and smoking sections by monitoring the seating preferences of your customers. You'll also learn how to use ventilation flow and architectural structures to maximum advantage.



Step 3

Enhancing Customer Service

Includes suggestions for training your staff on how to put the program into practice and the role of the owner/manager in providing an accommodating environment.

Step 4

Handling Customer Complaints

Features step-by-step instructions for handling customer complaints and managing such situations, should they arise.



Step 5

Enhancing Your HVAC System

Explains how to enhance air quality for maximum comfort throughout your restaurant. Also includes an 800-number directly connecting you with HVAC engineers who can discuss strategies for enhancing your HVAC system.

Step 6

Know Your Local/State Laws

Suggests where to find information on specific smoking regulations in your area.



Step 7

Signage

Explains where and how to use The Accommodation Program signage in your restaurant to communicate the smoking policy to your customers.

Step 8

Public Relations

Helps you promote your enhanced customer accommodations through the media.



If you found this overview helpful and would like to receive the complete 47-page Restaurant Source Book – and much more – just fill in, detach, and mail the reply card in this booklet or
call 1-800-929-1414.

Courtesy of Philip Morris Incorporated



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YES, I'd like to participate in
The Accommodation Program®.

Please send me FREE signage and program materials.



Your Name (Please print clearly) _____

Your Title _____

Business Name _____

Business Address (no P.O. boxes please) _____

City _____ State _____ Zip _____

Phone _____ Fax _____

(Check All That Apply)

Restaurant: ☐ Fine Dining ☐ Midscale ☐ Quick Service
☐ Hotel ☐ Bowling Center ☐ Shopping Mall ☐ Stadium/Arena
☐ Bar/Tavern ☐ Airport ☐ Association ☐ Casino
☐ Other (Please Specify) _____

Chain Operator ☐ Local ☐ Regional ☐ National

☐ Independent Operator

Number of Locations _____

☐ Yes, you may use my establishments name as a participant of The Accommodation Program in promotional materials and advertising per my signature below.

Signature _____